Communicable Disease Policy

Brigham Young University
Department of Exercise Sciences

Prevention of Infection and Disease Transmission Policy

The purpose of this policy is to protect the health and safety of the students enrolled in the Athletic Training Program (ATP) as they participate in the didactic and clinical education experiences required by the program. It is designed to provide students, preceptors, and faculty with a plan to assist in the management of students with infectious diseases as defined by the Centers for Disease Control and Prevention (CDC). This policy was developed using the recommendations established by the CDC for health care workers; the recommendations were established on the basis of existing scientific data, theoretic rationale, applicability and potential economic impact.

Guidelines for Prevention of Exposure and Infection

1. All students must attend communicable disease training in clinical class annually to, practice, and be evaluated as successfully performing all skills and tasks that will assist them in limiting their exposure to disease in health care settings, at clinical sites and during all educational experiences.
2. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times and use Personal Protective Equipment (PPE).
3. Students are required to use Universal Precautions AT ALL TIMES when functioning as observers, health care students in clinical settings and/or working with potential sources of infectious disease in labs.

Guidelines for Managing Potential Infection

1. A student who has been exposed to a potential infection before, during, or after a clinical experience or part of any class should report that exposure to his/her preceptor or instructor.
2. A student, who demonstrates signs of infection or disease that may place him/her and/or his/her patients at risk, should report that potential infection or disease immediately to the BYU Student Health Center or preferred facility. If a student is in doubt of his/her health risk, that student should immediately report to the Student Health Center for evaluation by a qualified health professional. A student may utilize his/her family physician; however, the same requirements and notifications yielded from the BYU Student Health Center will be required for the personal physician.
3. If a student feels ill enough (e.g., fever, diarrhea, other acute symptoms) to miss more than one day of class or clinical experience, that student should be evaluated by the Student Health Center or his/her family or other physician.
4. Upon review by the Student Health Center or the personal physician, the student must make it known that he/she is an Athletic Training student and that he/she is required to furnish the ATP Director with notification of his/her health status and ability to participate in the required academic and clinical activities of the Athletic Training program.
5. Upon receipt of the health status notification from the Student Health Center or the family physician, the student must present that notification to the ATP Director or the Clinical Education Coordinator, who will inform the other appropriate Athletic Training faculty who (in compliance with HIPAA) are required to know the student‘s health status. The health notification will be placed in a sealed envelope in the student‘s program file.
6. The student is required to notify his/her preceptor(s) of missed clinical experiences; this need to miss clinical time will be confirmed by the Clinical Education Coordinator with the designated preceptor. The student will also notify his/her professors if the student is required to miss further class time.
7. The student is responsible to keep the ATP Director and the Clinical Education Coordinator informed of conditions that require extended care and/or missed class/clinical time. Additional health status notifications will be required until such time as the student is cleared to return to full participation in all academic and clinical requirements of the academic program.

Table 1. Work restrictions for students or personnel exposed to or infected with infectious diseases in health care settings:

Disease	Work Restriction	Duration
Conjunctivitis (pink eye)	Restrict from pt contact and contact with pt environment	Until discharge ceases
Diarrheal Diseases		
Acute stage	Restrict from pt contact, contact w/patient's environment or food handling	Until symptoms resolve
Convalescent stage *Salmonella* spp.	Restrict from care of high-risk pts	Until symptoms resolve; consult w/local and state officials regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained >24 hrs apart are negative
Enteroviral Infections	Restrict from care of infants neonates, and immune-compromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from pt contact, contact w/patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B (Personnel with acute or chronic Hep B e antigenemia who perform exposure-prone procedures)	Do not perform exposure-prone procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulation	Until Hep B e antigen is negative
Herpes Simplex		
Hands (herpetic whitlow)	Restrict from patient contact and contact with patient's environment	Until lesions heal
Orofacial	Evaluate for need to restrict from care of high-risk patient	
Human Immunodeficiency Virus (HIV)	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should make recommendations; refer to state regulations	
Measles		
Active	Exclude from duty	Until 7 days after rash appears
Postexposure	Exclude from duty	From 5th day after 1st exposure through 21st day after last exposure and/or 4 days after rash appears
Meningococcal Infections	Exclude from duty	Until 24 hours after start of effective therapy
Mumps		
Active	Exclude from duty	Until 9 days after onset of parotitis
Postexposure	Exclude from duty	From 12th day after 1st exposure through 26th day after last or until 9 days after onset of parotitis
Pediculosis (Lice)	Restrict from patient contact	Until treated and observed to be free of adult and immature lice

Pertussis (whooping cough)		
Active	Exclude from duty	From beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure	Exclude from duty	Until 5 days after start of effective antimicrobial therapy
Rubella		
Active	Exclude from duty	Until 5 days after rash appears
Postexposure	Exclude from duty	From 7th day after 1st exposure through 21st day after last exposure
Scabies	Restrict from patient contact	Until cleared by medical evaluation
Staphlococcus aureus **Infection**		
Active (draining skin lesions)	Restrict from contact with patients	Until lesions have resolved
Carrier State		No restriction, unless personnel are epidemiologically linked to transmission of the organism
Streptococcal Infection, Group A	Restrict from patient care, contact with patient's environment or food handling	Until 24 hours after adequate treatment started
Tuberculosis		
Active disease	Exclude from duty	Until proven noninfectious
Varicella (chicken pox)		
Active disease	Exclude from duty	Until all lesions dry and crust
Postexposure	Exclude from duty	From 10th day after 1st exposure through 21st day (18th day if VZIG given) after last exposure
Zoster		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients	Until all lesions dry and crust
Generalized or Localized in Immunosuppressed Person	Restrict from patient contact	Until all lesions dry and crust
Postexposure	Restrict from patient contact	From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust
Viral Respiratory Infections, Acute Febrile	Consider excluding from care of high risk patients or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve

Reference: Bolyard EA, Tablan OC, Williams WW, Pearson ML, Shapiro CN, Deitchman SD, and The Hospital Infection Control Practices Advisory Committee. Special Article: Guideline for Infection Control in Health Care Personnel, 1998. Centers for Disease Control and Prevention. Public Health Service. US Department of Health and Human Service.